



FACILITY USE APPLICATION

PARKS, RECREATION & FACILITIES
HAVERT L. FENN CENTER

Applicant /Organization Name: _____

If Non-profit, please attach proof. If tax exempt, indicate ID Number _____

Address: _____

Authorized Contact Person: _____ Title: _____

Phone: Primary (____) _____ Cell (____) _____ Alternate(____) _____

Email: _____ Fax: _____

Event Name/Description: _____

Requested Event Date(s) _____ Event Begins: _____ ☐ AM ☐ PM Ends: _____ ☐ AM ☐ PM

Room(s) Requested: _____ See Schedule of Fees and Building Plan

Est. time for Load In/Set-up _____ Hours Estimated time for Load Out/Clean up _____ Hours

Total No. of Hours Requested, including Load in/Load out _____ Hours Total No. of Staff & Attendees _____

Open to the General Public ☐ Yes ☐ No Ticket Sales/Admission Fee?: ☐ Yes ☐ No

Purpose of Event: Business/For Profit ☐ Personal ☐ Non-Profit/Govt. ☐ Fundraiser ☐ Other ☐ _____

If Fundraiser, indicate Recipient: _____

Food/Drink Served? ☐ Yes ☐ No If Yes, is the event to be catered? ☐ Yes ☐ No

Please note that concessions (drinks, snacks, etc.) may be provided exclusively by the St. Lucie County vendor.

Alcohol Served? ☐ Yes ☐ No *Please note that alcohol may be provided exclusively by the St. Lucie County vendor.*

Requested Set Up: Banquet ☐ Theater ☐ Classroom w/ tables ☐ Stage ☐ Dance floor ☐

Equipment Needed? ☐ No If yes, indicate required items below. There are additional charges for equipment listed below.

- | | | |
|--|--|--|
| <input type="checkbox"/> Tables – 8' Round or Rectangle | <input type="checkbox"/> Stage (4'x8' per section) | <input type="checkbox"/> PA system |
| <input type="checkbox"/> Tables – Conference (2'x6') | <input type="checkbox"/> Small Stage (4'x8') | <input type="checkbox"/> LCD Projector |
| <input type="checkbox"/> Chairs – Padded | <input type="checkbox"/> Pipe & Drape | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Chair covers (white) | <input type="checkbox"/> White Board/Touch Screen | <input type="checkbox"/> Portable PA system |
| <input type="checkbox"/> Chairs – Plastic folding | <input type="checkbox"/> Podium (w/ microphone) | <input type="checkbox"/> Internet connection |
| <input type="checkbox"/> Table skirting (black or white) | <input type="checkbox"/> Easels | <input type="checkbox"/> TV/DVD Player |
| <input type="checkbox"/> Dance Floor (18'x18") | <input type="checkbox"/> Bleachers | <input type="checkbox"/> Scorer's Table |

I understand that use is not reserved until the Signed Agreement with minimum 50% deposit, Certificate of Insurance in name of Organization and naming St. Lucie County as an additional insured, Required Licenses and Permits for vendors, caterers, etc. Payment in Full is submitted no less than 30 days prior to event except that payment in full may be required at the time of reservation at the discretion of the Coordinator.

Signature of Applicant: _____ Date: _____

FOR STAFF USE ONLY:

Date Received _____ Date(s) Available ☐ Yes ☐ No

Written Estimate of Fees Provided to Applicant on _____ (Date) via ☐ Meeting ☐ Email ☐ Fax ☐ Mail

Attach copy of Estimate to Application.

Signature of Employee Processing Application _____

Date: _____